The Educational Value of the Trained Nurse

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IN 1883, a few years after hospital graduation, I published a small book entitled "Training Schools for Nurses." It was the first work ever issued of the kind, and comprised historic notes on all the schools then existing in the United States, twenty-two in number.

The first systematic instruction to nurses in this country was given at the close of the eighteenth century, when Dr. Valentine Seaman lectured to a class of two dozen nurses of the New York Hospital.

For many years thereafter little training of any sort was offered to nurses excepting by various Catholic and Lutheran sisterhoods and charitable societies, the Society of Friends, of Philadelphia, and certain Protestant Episcopal sisterhoods—notably at St. Luke's Hospital in New York and the Hospital of the Good Shepherd in Syracuse. From these organizations trained deaconesses were sent forth to nurse the sick in private families, among the poor, and in various institutions, but for the most part hospital nurses were recruited from women of the capacity and attainments of the average housemaid, usually more skilled in wielding the mop and scrubbing brush than the clinical thermometer or hypodermic syringe. Or sometimes the nurses were derived from convalescent patients of the humbler class, who, while ill in the wards, had watched the performances of the nurses, and thought they could undertake them themselves.

In England the first training school for nurses was founded in 1860, at St. Thomas's Hospital, London, through the generosity and enthusiasm of Miss Florence Nightingale, who, in 1851, derived her training at the Institute of Deaconesses in Kaiserwerth, Germany, and obtained her experience in the Crimea three years later.

Shortly after the opening of the school of St. Thomas's the first training school in the United States, known as "The Nurse Training School of the Woman's Hospital," was chartered in 1863 in Philadelphia. It was endowed in 1872, when diplomas were granted. This latter year was memorable also for the beginning of two other schools—that of the New England Hospital for Women and

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Children, opened in Boston in September, and that of the Bellevue Hospital in New York, which was planned in 1872, but not incorporated until February 5, 1874.

The early establishment of training schools met with considerable opposition, as such radical innovations are wont to do. It was objected that the former nurses were good enough, and, in fact, they were by no means all of the "Sarah Gamp" or "Mrs. Prig" type, but acquired experience and skill by long service in the wards. It was objected that the schools would prove too expensive, that nurses would be overtaught and tend to usurp the functions of the medical practitioner, or use their hospital experience as a stepping stone to the practice of medicine. For instance, as late as 1880, a merry feud arose in Guy's Hospital in London, where several overzealous disciples of "Sister Dora" undertook to put in practice the principles of that chimerical saint, who neither hesitated to call the doctors to her room to be scolded nor to interfere with surgical procedures which did not suit her fancy! Fortunately for the patients, and fortunately indeed for the new system, this style of "nursing" was promptly suppressed in a manner not likely to encourage its revival. It was objected that the new system was merely an attempt to introduce aestheticism into nursing; that as soon as the better class of women acquired a fair experience they would be attracted elsewhere by higher wages, and leave the hospitals worse off than before; and that as fast as they were educated in scientific nursing they would lose interest and efficiency in performing monotonous details and menial duties. Finally it was objected that it is not the function of a hospital to train nurses for the community at large.

A few years of practical experience with schools, however, soon demonstrated the fallacy of most of these hypothetical objections.

I am glad I wrote that account of the schools when I did, for to-day I should hesitate to undertake the task, because in 1908 there were in the United States 935 training schools for women nurses, with 22,100 pupils, among 1,484 hospitals, and an annual graduation roster of over 5,600.

The ratio is thus more than one school for every one and a half hospital. In New York State alone are 116 schools registered by the Board of Regents. The average rate of increase for the first decade after 1872 was two new schools per annum, whereas the average for the two succeeding decades has been forty-two new schools per annum—almost one new school each week! This phenomenal rate of increase will doubtless be lessened considerably in the future, as the larger hospitals are now practically all supplied, yet many of the smaller ones will probably establish schools of their own unless a system of co-operation be devised. In several of the larger cities there are as many as nine schools, and in Chicago there are thirteen. The present rate of increase of pupils in attendance at all the schools exceeds 500 per annum.

The 22,100 nurses take care of about 98,000 hospital beds, in round numbers, which would constitute an average of one nurse for every four and a half beds. Making allowance, however, for probationers, for those who are on sick leave or vacation, and those who are on night duty, the average would probably be one nurse for eight beds.

Twenty-two thousand nurses constitute a good-sized army, and it is interesting to speculate upon their economic and

social value in the community, in addition to their strictly medical functions. It is difficult to obtain more than a very general estimate of the amount of money invested in the schools, for while many of them possess independent buildings, the majority still occupy quarters within the hospital, and in other cases new school buildings are undergoing construction. I think it a conservative estimate to say that fully $10,000,000 is at present invested in the housing of this army of nurses. Within the past month two new nurses' homes have been opened in New York City alone—one for the Bellevue school, costing, with its land and furnishings, over $700,000, and one at the Metropolitan Hospital on Blackwell's Island, costing, without the land, $350,000. In that city also, within the past decade, three other school buildings have been erected, one costing $500,000 and the others $300,000 or $400,000 each. Hence the training of nurses involves to-day a very large financial outlay, and the interest on the investment, together with cost of maintenance, reaches several millions annually. But the community receives its financial return many times over in the value of the lives which are saved through the improved care which the sick receive.

I have dwelt upon these statistics not alone because they are interesting in themselves, but because they suggest topics to which you may well give special thought upon the eve of your graduation —topics connected with the broader aspects of your work and your influence in the community. I do not refer to the purely technical side of your training, nor to what is sometimes denoted as the "sentimental" aspect of nursing—the power to relieve illness and suffering—but rather to what may be called the educational factor of the trained nurse. Twenty-two thousand persons devoted simultaneously to any honorable calling constitute a formidable influence for good when they choose so to exert themselves, which may be much enhanced by the maintenance of a lofty *esprit du corps*.

The nurse, by virtue of her peculiar intimacy with patients during a long period of convalescence, is often subjected to a cross-examination regarding all manner of medical topics, while the anxious family, during earlier hours of critical anxiety, may endeavor to obtain from her information which the physician, in his relatively brief calls, has often, for the best of reasons, failed to amplify or, perhaps, to impart at all. While nothing can be more reprehensible in a nurse than meddlesome criticism in matters of which she possesses at best merely the most superficial knowledge, or a tendency to relate her experiences with individual cases—in other words, to talk details of "shop"—there is, nevertheless, open to her a wide educational field, in which she may exert very beneficial influence if she take a broad-minded view of her calling. The public has expended large sums upon her education, housing and maintenance through a period of years, and this obligation she can best repay by adherence to a lofty conception of her vocation.

I would urge you to remember that you are important members of a great guild consecrated to the evolution of a science devoted more strictly and immediately than any other to the relief of mankind. Dr. Cabot, in answer to the question, "What forces are there in the profession of medicine that tend to bring out the best in those who practice it?" mentions

five which, to my mind, have equal bearing on the calling of the nurse.

First—The sense of obvious utility to others.

Second—The inspiration of taking part in the progress of science.

Third—The call for manual and mental adroitness.

Fourth—The interest of the community in the profession and its aims.

Fifth—The friendly contact with men, women and children.

In your hospital experience you have been especially trained in the value of discipline, order and neatness. You have acquired a new view of the importance of cleanliness—of antiseptic cleanliness—and a new view of the value of accuracy in observation, as applied to the phenomena of disease and the results of its treatment. Before you entered the training school you were in the position of the private patient, admitting, doubtless, the value of these things, but knowing relatively little of their higher application. You have learned how much modern medical science derives from the use of what are really very simple methods, cleanliness, fresh air, proper food—in a word, correct environment in distinction from blind faith in pills and potions. You have also learned that when pills and potions *are* given it is with the definite knowledge derived through accurate study of all their physiological effects, and not with the hit-or-miss aim of the original "shotgun" prescription, so-called because, if several ingredients missed fire, others might be relied upon at least to stir up something!

Just a hundred and one years ago there lived in the neighboring town of Beverley, Mass., a learned practitioner, whose methods seemed to attract more and more patients to replenish his coffers. His chief remedies were powders of powerful emetics and cathartics, which, he confided to his suffering patients, would "soon get down and unscrew their vitals." They did! His prototype exists in the patent medicine man of to-day, whose remedies range from the innocuousness of soda water, at a dollar a bottle, to the infamous concoctions which accomplish the much advertised "cures" only through begetting the accursed drug habits of morphine, cocaine and alcohol. It is a curious psychic phenomenon that otherwise intelligent persons so often are willing not only to pay for being humbugged, but even to sacrifice the integrity of their "vitals" to illiterate charlatans. No one understood the love of the masses for humbug better than the late Mr. Barnum, whose historic "cherry-colored cat" proved (only after admission had been paid) to be the color of a black cherry! There are many who would never think of asking advice in regard to investing in railway securities from a motorman, or for building a house from an itinerant peddler, yet who are quite willing to entrust the diagnosis and treatment of the gravest physical ills to the ignorant osteopath, vitopath, somatopath, faith curist, new-thoughtist, peddler of nostrums or, in fact, any one whose cleverness is limited to devising a new name for an old trick, acquiring a lingo and keeping out of jail. Speaking of osteopathy, why is it that it is always the patient's spinal column, and never his nose, which is out of joint?

You will meet in your nursing career with every type of patient. There are those who wish to be perpetually fussed over and have all their petty ailments as long drawn out as possible. There are those, like the historic soldier in the

Philippines, who pinned on his pillow a card inscribed briefly, "Too ill to be nursed to-day," and there are all grades between. I know of no vocation calling for greater exercise of that subtle quality of tact than yours. But there are two things which especially characterize the typical patient of to-day—namely, his tendency to accept gratuitous advice from numerous lay friends, and, second, his tendency to accumulate specialists.

It is astonishing how ready some persons are to pass on the remedies or directions to others, which have temporarily benefited themselves, without the slightest conception of the gravity of their responsibility in so doing. I could cite to you many examples of the serious outcome of such well-meant but utterly misguided endeavor. There are many ills which, as recited by the layman, may sound alike, but which, in reality, may be as widely different as incipient tuberculosis and a cold in the head, or dyspepsia and the commencement of a cancer of the stomach. A few weeks ago I saw a very intelligent woman, who nearly sacrificed her life by taking her dressmaker's advice and using a so-called anti-fat remedy to obviate the letting out of seams! A little knowledge of the intricate processes of food digestion and assimilation, of oxidation processes and the relationship of exercise and elimination of food waste, would have done more for her own waist with less ultimate suffering! She did lose weight as a result of the heroic treatment, but was unable to wear the dress for many days thereafter.

Kind friends who would hesitate to offer advice about the bait you should use when fishing have not the least hesitation in prescribing for the functions of your liver or the cure of your rheumatism. A well-known clergyman recently sent word to a parishioner, who was under my care for what another of her friends had diagnosed as rheumatism, urging her to take a certain remedy which had cured him. He did not know, however, that had she taken his prescription she undoubtedly would have converted a latent Bright's disease into an acute and probably fatal form. A good nurse has many opportunities of tactfully suggesting to her patient that one experienced pilot is usually to be preferred to having everyone on board take a casual turn at the wheel!

This tendency to offer advice and remedies by those who do not even know which side of the body the liver lies on is boon companion to the fancy for collecting specialists. The good old-fashioned "family doctor," who knew one's parents' or grandparents' physical and mental habits, their resisting power to disease, and all their constitutional peculiarities, is as extinct as the dodo. The patient's modern view of his own organism is that if he had on a rather "loud check" suit each check would conceal some special region or organ which is the exclusive field of a specialist, and, of course, the specialist who presides over the destinies of the lungs is too eminent or busy to have time to know much about the heart or the kidneys—that would be quite out of his square and spoil the pattern. That this is no exaggeration, let me convince you by citing two recent truthful experiences.

A man rang my telephone and said he wished an appointment, but wanted to be sure that "he had the right doctor." When asked to identify the doctor, he said "that was easy, for he was a well-known specialist in preventing hair from falling out after typhoid fever!"

Another man dropped in one morning from Topeka, Kansas, and informed me that I was a specialist in Addison's disease, that exceedingly rare condition of which only a few score examples are recorded and in which the skin turns black like the Ethiopian's. It was the first time I had been that kind of specialist, and I cheerfully replied that I was glad of it, but said I was reminded of the tramp who was about to be sentenced for ten days for vagrancy. "I have an occupation, your honor," he pleaded. "Tell, then, Mr. Walker, what it is," said the judge. "I smoke glass for total eclipses of the sun."

I would warn you against this same tendency to specialism in nursing, of which there are ominous indications at times. You certainly learned, in your hospital experience, how often one type of disease may be associated with another, and what grave errors are liable to follow a too narrow and consequently unscientific point of view.

You have learned how interdependent each important organ is upon the others, and how hazardous it is not to consider fundamental causes of disease and to substitute extremes of subdivision and classification for co-ordination and association. Do not let us hear of nurses who are "specialists" in bandaging, specialists in bed-making or feeding with a spoon!

If I were asked to particularize the functions of nursing I should suggest three groups in order of relative importance. First, a conscientious and complete understanding of antisepsis, i. e., of disinfection before, during and after the fact. Second, *the gentle art of making the patient comfortable in bed,* often so imperfectly understood. Third, a rational, common sense view of such important general principles as I have outlined. Now, instead of the usual concluding remarks about the noble work upon which you have entered and the virtues that *ipso facto* you all possess, I am going to make myself unpopular! You may have noticed that I have referred to nursing as a "Calling" or "Vocation," rather than a "Profession." An authoritative definition of the word "Profession" states that it represents "professed attainments in special knowledge as distinguished from mere skill." It suggests *progress* of some sort, not mere routine.

Permit me to illustrate what I mean. At various times I have been officially connected with five different training schools, including one for men, all of them large representative metropolitan schools. I cannot recall a single instance in which a suggestion for the use of new applications for comfort of patients in bed emanated from the schools, I am aware that here and there nurses have devised such things, but they have done so as individuals, not because it was the universal spirit of their training. I have seen a mildly delirious pneumonia patient strapped so tight with a draw sheet that he could scarce breathe, but a couple of boards placed at the side of the bed, as suggested by the doctor, gave him freedom to turn and all the restraint needed. I asked a nurse in my ward one day, "why all her patients were left-handed?" In answer to her look of surprise, I pointed to all the tables standing at the right side of the bed, so that one was forced to use the left hand to reach a glass. "But," said I, "here happens to be a poor fellow, with paralysis in his left arm, and he too has his table on the right side of his bed." Inquiry developed the usual answer.

"convenience of the nurses"—for ten minutes' use of the table in the morning for routine washing of patients' faces, they were inconvenienced all the rest of the day. In this same school I found all the patients were being awakened at 4:30 o'clock and for "the convenience of the nurses," so that the night nurse would have time to "tidy up" before the day nurses came on duty!

There are means of supporting the feet to prevent slipping down in bed, of resting the back while eating, of adjusting cranes over the bed-head so that a partially helpless patient can lift himself. There is a simple wind-shield to screen a patient's bed when outdoors, and there is, simplest of all, the possibility of drawing a window shade to save the eyes of a typhoid fever patient with a racking headache, even if it does destroy the symmetry of the ward.

Whoever thinks of moving a patient's bed away from the draft of an open window? Better close the window and let him smother and have the ward look neat for visitors! Such are a few of the innumerable matters connected with what I have designated as "the gentle art of making a patient comfortable in bed."

When one's horizon is limited by illness for weeks or months by four walls, it is difficult to appreciate fully the significance that such details acquire. I do not undervalue the importance of order and discipline, but I maintain that the true conception of a "profession" implies original thought, study and progress and not cast-iron unthinking routine. Waking everyone up at 4:30 in the morning for a general hair-combing, is more conducive to hair-raising and does not suggest a noble "profession" to the lay mind, unless one chose to include one's barber in the same category—but even he does not open his shop before 7 o'clock.

Perhaps I may be forgiven these details of personal observation, for they have been mentioned solely in the hope of encouraging you to continue to study and *think* for your patients and to realize that on leaving the hospital your work has but just begun. By thinking also upon your opportunities for aiding in combatting the evils of humbug, fanaticism and superstition, you will add a lasting and far-reaching influence to your work, and merit all the success which I am sure your appearance here to-night signifies that you well deserve. There is a motto which has been suggested for the entrance arch of that greatest of all modern hospitals, the Virchow of Berlin —it is: "In treating disease, do not omit to treat the man."

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